

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Crista Alfano</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Address</p> <p>Peter C. Alfano, III 407 South King Street Leesburg, VA 20175 2:22cv21 #2 & 3</p>		<p>B. Received by (Printed Name) <i>Crista Alfano</i> C. Date of Delivery <i>12/15/22</i></p>	
<p>2. Article Number (Transfer from service label) 7021 2720 0001 3620 9103</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered MailTM</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Signature ConfirmationTM</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature ConfirmationTM Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature ConfirmationTM Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Restricted Delivery</p>		<p>U.S. DISTRICT COURT FILED DEC 19 2022 U.S. DISTRICT COURT ELKINS WV 26041</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	